	62 (REV.				Stater	ment On	Reverse S				Page	of	Pag	jes	
	ANT'S NA					ļ	SSN or EMP		BER*		>00-10000000	RTMENT			
		nnis G.		1		-	DI (IDIO)				Milit	ary	т же		
POSITION CB/ID No. Deputy Adjutant General, Air SAD RESIDENCE ADDRESS								Air Command Section					INDEX NU	MBER	
								TERS ADDRI					1204 TELEPHONE NUMBER		
								the Road			(916) 854-3				
ITY			STATI				CITY	mo rom				STATE	ZIP C		
-	1		W	Car.	1		Sacramer	nto				CA	95827	7	
	MAL W.3	ORK HOURS				اِ	(2) PRIVATE V	EHICLE LICE	ENSE NU	MBER	(3) MII 0.55	EAGE RATE	CLAIMED		
4) MONTH/YEAR		(6)	(7)	(8) MEALS			(9)	(10)		TRANSPORTA	TION		(11)	(12)	
Mar09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING		0.T., L/		т,	(A)	(B) (C)		(D)		******	TOTAL	
5) DATE   TIME				BREAK- FAST	LUNCH	N/C, REL OR DINNER	TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	EXPENSES FOR DAY	
/31	0530	Depart HOR to SMF APO		6.00					PC	9.00	35.00	19.25		34.25	
31	1213	Arrived Denver APO/Layover			10.00				Α			0.00		10.00	
31	1514	Arrived St. Louis APO							RC			0.00		0.00	
31	1630	Arrived Air Force Inn,ScottAFB	39.00			18.0	0	RC			0.00			57.00	
1/1	0600- 1830	Duty Scott AFB	39.00	6.00	10.00	18.0	0 3.00		RC	9.00	0.00			85.00	
/2	0600- 1200	Duty Scott AFB		6.00	10.00		3.00		RC			0.00		19.00	
/2	1500	Depart St. Louis APO				18.0	0	4.10	RC		0.00			22.10	
/2	1930	Arrive SMF APO							A	9.00		0.00		9.00	
/2	2000	Depart to HOR					-		PC		35.00	19.25		19.25	
												0.00		0.00	
												0.00		0.00	
	- 1	5:			,,,,,,						0.00			0.00	
SUBTOTALS			78.00	18.00	30.00	54.0	6.00	4.10		27.00	70.00	38.50	0.00	255,60	
COI	LUMN	CODE (ACCTG. USE ONLY)				1,54%									
		CLAIM TOTAL												\$255.60	
) PU	RPOSE (	OF TRIP, REMARKS AND DETAILS (Atta	ch receipts/vo	ouchers when	required)						N/	SENCY ACC	COUNTING	OFFICE	
		behalf of TAG the Reserve				ls Confe	erence loc	ated at S	cott A	FB	A		E ONLY	OFFICE	
		or and and recourt								7.151	PAID B	Y REVOLVIN	G FUND CHE	CK NUMBER	
ip#	F-03														
r.C.	ro /00	34.40)													
		(\$77.18)									l				
		,													
5)	I HEREE	BY CERTIFY That the above is a true stand if mileage rates exceed the minimum r	atement of the	travel expen	ses incurred	by me in a	ccordance wit	h DPA rules i	in the ser	vice of the State	of Californ	nia. If a priva	tely owned ve	hicle was cribed by	
gues de	SAM Se	ctions 0750, 0751, 0752, 0753 and 0754	pertaining to v	ehicle safety	and seat belt	t usage.									
	- Colonia			DATE	10	(16				10-16-	PAYME	D/	ATE	2-1	
1				1/1	14 7		-	Carrier Control				10	OM	m C	
) SP	ECIAL EX	KPENUL AUTHORIZATION - SIGNATUR	E and TITLE	(See Item 17	on reverse)			( )	-		,	DA	TE		
							1	-	AND DESCRIPTION OF THE PERSON NAMED IN	THE RESERVE OF THE PARTY.		1			

<u>es</u>

CLABAL							· · · · ·		**		Page	of	1 0	ges	
	CLAIMANT'S NAME Lucas, Dennis G.								BER*		DEPARTMENT Military				
POSITIO			. 17	CB/ID	O No.		DIVISIONO	BUREAU	-		Min	ary	INDEX NU	MBER	
US MAI 13 AITIG: 17								mand Se	ction				1204		
RESIDENCE ADDRESS*							HEADQUARTERS ADDRESS						TELEPHONE NUMBE		
9800 Goethe Ros								ethe Roa	<u> </u>		(916) 854-3573				
CITY STATE ZIP CODE CITY Sacramento										ZIP CODE 95827					
(1) NOR	MAL WO	RK HOURS	40 (40)	2-14.1	A) 1			VEHICLE LIC	ENSE NU	MBER	(3) MIL	CA EAGE RATE			
0730	-1600							9			0.55				
(4) MONTHYEAR		LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSPO		TRANSPORTA	TATION		(11)	(12)	
Apr 09			LODGING	BREAK- FAST	0.T., L/T, N/C, RELC			(A) COST OF	(B) TYPE	(C) CARFARE,	(D) PRIVATE CAR USE		BUSINESS	TOTAL	
					LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES AMOUNT		EXPENSE	FOR DAY	
17Ap	0700	Depart HOR to JFHQ							PC			0,00		0.0	
17Ap	1040	Depart JFHQ to Burlingame,							PC			0.00		0.0	
17Ap	1330	Arrive Marriott Burlingame, CA	121.15		10.00	18.00						0.00		149.1	
18Ap	0600- 1700	Duty Burlingame, Ca	121.15			18.00	3.00					0.00		142.1	
19Ap	0600- 1200	Duty Burlingame, Ca			10.00							0.00		10.0	
19Ap	1215	Departed Burlingame to JFHQ							PC			0.00		0.0	
19Ap	1415	Arrived JFHQ							PC			0.00		0.0	
9Ap	1450	Departed JFHQ to HOR							PC			0.00		0.0	
												0.00		0.0	
		The state of the s										0,00		0.0	
												0.00		0.0	
121												0.00		0,0	
SUBTOTALS			242.30	0.00	20.00	36.00	3.00	0.00		0.00	0.00	0.00	0.00	301.3	
COL	UMN C	ODE (ACCTG. USE ONLY)	Marie Carlot									C-25 GH7 (17)			
		LAIM TOTAL					lace minuted							\$301.3	
4A) DUID	DOSE O	F TRIP, REMARKS AND DETAILS (Attac	A												
		Passenger from JFHQ to B			requireu)						AGI	ENCY ACC	OUNTING C	OFFICE	
		ound trip from HOR to JFH		c, CA							DAID BY	REVOLVING	ELIND CHEC		
		Family Symposium at Bur		CA							, Alb bi	TILTOLINO	10400120		
		5. 75													
														one of the state o	
15)	HEREBY	CERTIFY That the above is a true state	ement of the	raval expens	es incurred b	y me in acco	ordance with	OPA rules in	the servi	ce of the State o	f California	. If a privatel	ly owned vehi	cle was	
100	No. Si	18 01% 0753 and 0754 pt	te, I certify the ertaining to ve	1	operating the and seat belt u	vehicle was usage.	PA PARTY			aimed, and that	have met			nibed by	
	100		-	DATE	, 51	(16) \$1	A AL VIII				A LEN	DATI	E	_	
The state of		The state of the	r <del>-</del>	1014	4/97		AND WAR	1 1 10				75	maz	10	
7) SPEC	CIAL EX	PENSÉ AUTHORICATION - SIGNATURE	and TITLE (S	See Item 17 c	on reverse)		The State of	Pale		10 to	430	DATI	E //		
,,,,,,,,,,									130,383	SACH FINE	74		U		